

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Chiropractic Association Political Action Committee

ADDRESS (number and street) ▼

1701 Clarendon Blvd

☐ Check if different than previously reported. (ACC)

Arlington

VA

22209

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00102764

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Simone

Signature of Treasurer

Michael Simone

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		15594.57
(b) Cash on Hand at Beginning of Reporting Period.....	15594.57	
(c) Total Receipts (from Line 19) .....	12715.50	12715.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28310.07	28310.07
7. Total Disbursements (from Line 31) .....	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27310.07	27310.07
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 / 01 / 2015

To:

M M / D D / Y Y Y Y Y  
01 / 31 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12715.50

12715.50

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

12715.50

12715.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

12715.50

12715.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

12715.50

12715.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

12715.50

12715.50

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12715.50	12715.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12715.50	12715.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Rowdy Abshire**

Mailing Address 7992 Maurice Ave  
PO Box 490

City State Zip Code  
Maurice LA 70555-0490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938759**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. James H Adams Dc Adams**

Mailing Address 101 Andrieux St

City State Zip Code  
Sonoma CA 95476-6906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938696**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Jon M Anderson DC**

Mailing Address 161 19th Street South, Ste 101

City State Zip Code  
Sartell MN 56377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938705**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Patrick Arnold**

Mailing Address 2021 New Rd Ste 17

City

Linwood

State

NJ

Zip Code

08221-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938689

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Rebecca Ault**

Mailing Address 130 W Streetsboro St, Ste 2

City

Hudson

State

OH

Zip Code

44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938674

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. Robert E Bachelder Dc Bachelder**

Mailing Address 1182 Township Rd 1175

City

Ashland

State

OH

Zip Code

44805-1977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

62.50

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938747

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

97.50

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. David B Bakke DC

Mailing Address 312 East North Street

City State Zip Code  
De Forest WI 53532-1258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 04 / 2015

Transaction ID : C2938798

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David B Bakke DC

Mailing Address 312 East North Street

City State Zip Code  
De Forest WI 53532-1258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2015

Transaction ID : C2938797

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Gregg N Bakke DC

Mailing Address 312 East North Street

City State Zip Code  
De Forest WI 53532-1258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2015

Transaction ID : C2938805

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chelsey A Barber DC**

Mailing Address 2077 Copper Ln

City State Zip Code  
Eagan MN 55122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938677

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Gary W Barger DC**

Mailing Address 806B Plaza 66, Highway 66 South

City State Zip Code  
Kernersville NC 27284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 12 / 2015

Transaction ID : C2938807

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Gregory V. Bark Dc Bark**

Mailing Address 4160 Merrick Rd, Ste 3

City State Zip Code  
Massapequa NY 11758-6027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 26 / 2015

Transaction ID : C2938727

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

410.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Bass**

Mailing Address 10251 W Sample Rd

City State Zip Code  
Coral Springs FL 33065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2015

**Transaction ID : C2938685**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mary G Berghaus DC**

Mailing Address 7023 E 100th PI

City State Zip Code  
Tulsa OK 74133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938709**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Mary G Berghaus DC**

Mailing Address 7023 E 100th PI

City State Zip Code  
Tulsa OK 74133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

01 / 22 / 2015

**Transaction ID : C2938792**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Richard Berkowitz DC**

Mailing Address 301 Oxford Valley Rd Ste 1601a

City State Zip Code  
 Yardley PA 19067-7720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2015

**Transaction ID : C2938710**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Gary R Billingsley DC**

Mailing Address 4940 South Emerson Avenue

City State Zip Code  
 Indianapolis IN 46203-5937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2015

**Transaction ID : C2938793**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Casey R Boggs DC**

Mailing Address 3939 Massillon Rd Ste 201  
 #201

City State Zip Code  
 Uniontown OH 44685-8727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2015

**Transaction ID : C2938745**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christine M Brandner DC**

Mailing Address 830 East 41st Street

City

Sioux Falls

State

SD

Zip Code

57105-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 23 / 2015

Transaction ID : C2938811

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Emily A Brueggeman DC**

Mailing Address 108 Magnolia Dr., Suite A

City

Glen Carbon

State

IL

Zip Code

62034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938701

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. James P Brugger Dc Brugger**

Mailing Address 1624 Clarence Ct

City

West Bend

State

WI

Zip Code

53095-8533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938699

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shayne N Bushong DC**

Mailing Address 1361 Fruitville Pike

City  
Lancaster

State  
PA

Zip Code  
17601-4001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938746

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. John S Caraway Dc Caraway**

Mailing Address 1200 Enterprise Blvd

City  
Lake Charles

State  
LA

Zip Code  
70601-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

62.50

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938761

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**c. Donald V Case DC**

Mailing Address 425 Elgin Avenue, Nw

City  
Canton

State  
OH

Zip Code  
44708-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 25 / 2015

Transaction ID : C2938784

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

182.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert W Chipman DC**

Mailing Address 1019 Garfield Ave

City

State

Zip Code

Bay City

MI

48708-7175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 05 / 2015

**Transaction ID : C2938812**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Paul Ciatto**

Mailing Address 1620 Towne Center Route 22

City

State

Zip Code

Brewster

NY

10509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

62.50

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938755**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**c. Steven G Clarke DC**

Mailing Address 25 High Street

City

State

Zip Code

Nutley

NJ

07110-1131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 12 / 2015

**Transaction ID : C2938785**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

187.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tracy D Cole DC**

Mailing Address 1347 Northcrest Dr

City

Crescent City

State

CA

Zip Code

95531-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938772

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Nancy A Colfer DC**

Mailing Address 411 E 3rd Ave Ste 100

City

Eugene

State

OR

Zip Code

97401-2472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938735

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Brett Counselman DC**

Mailing Address 1408 SW Topeka Blvd

City

Topeka

State

KS

Zip Code

66612-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938682

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Miguel Cruz**

Mailing Address 390 E Main St

City

Burnsville

State

NC

Zip Code

28714-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

45.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938776

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Glenn Czulada DC**

Mailing Address 1201 Wheeler Ave

City

Dunmore

State

PA

Zip Code

18510-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150.00

Date of Receipt

01 / 16 / 2015

Transaction ID : C2938721

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. John E Daigle DC**

Mailing Address 345 Doucet Rd., Ste. 104-b

City

Lafayette

State

LA

Zip Code

70503-3407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938751

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Trevor Darnell**

Mailing Address 1703 Spring St

City

Davenport

State

IA

Zip Code

52803-3344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938760

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Lawrence R Davis DC**

Mailing Address 525 E. Moana Lane

City

Reno

State

NV

Zip Code

89502-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 12 / 2015

Transaction ID : C2938801

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Peter J DeFranco DC**

Mailing Address 3166 Allison-bonnett Road

City

Hueytown

State

AL

Zip Code

35023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

35.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938724

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Denito DC**

Mailing Address 408 North Allen Drive

City  
Allen

State  
TX

Zip Code  
75013-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938738

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Michael S DeRose DC**

Mailing Address 1360 Beverly Rd Ste 102

City

Mc Lean

State

VA

Zip Code

22101-3621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938703

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Tina Driscoll DC**

Mailing Address 1171 N Bragg Blvd

City

Spring Lake

State

NC

Zip Code

28390-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.50

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938757

Amount of Each Receipt this Period

30.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Erin E Ducat Dc Ducat**

Mailing Address 125 S Bloomingdale Rd Ste 11

City State Zip Code  
 Bloomingdale IL 60108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938736**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Michael H Estramonte DC**

Mailing Address 402 E Sugar Creek Rd

City State Zip Code  
 Charlotte NC 28213-6913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938741**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Kenneth W Felch DC**

Mailing Address 102 Third St

City State Zip Code  
 Los Altos CA 94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938669**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth W Felch DC**

Mailing Address 102 Third St

City

Los Altos

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938670

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Joshua C Flinn DC**

Mailing Address PO Box 541925

City

Merritt Island

State

FL

Zip Code

32954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938700

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Andrew Fogg Dc Ccsp Fogg**

Mailing Address 3429 Renner Dr

City

Fortuna

State

CA

Zip Code

95540-3104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938720

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Kent C Fox DC**

Mailing Address 950 W Main St

City  
Lebanon

State  
OH

Zip Code  
45036-9173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938708**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Mickey E Frame Dc Frame**

Mailing Address 3829 Woodley Rd Bldg A

City  
Toledo

State  
OH

Zip Code  
43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 11 / 2015

**Transaction ID : C2938779**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Nichelle C Francavilla**

Mailing Address 130 Descanso Dr Apt 153

City  
San Jose

State  
CA

Zip Code  
95134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938678**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John T Freese DC**

Mailing Address 229 North Main Street

City State Zip Code  
Gordon NE 69343-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938749**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Martin P Furlong DC**

Mailing Address 395 White Bear Ave N

City State Zip Code  
Saint Paul MN 55106-6029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938691**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Wendy Gallego DC**

Mailing Address 4500 Biscayne Blvd Ste 202

City State Zip Code  
Miami FL 33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938692**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Wendy Gallego DC**

Mailing Address 4500 Biscayne Blvd Ste 202

City State Zip Code  
 Miami FL 33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938693**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Daniel R Geary DC**

Mailing Address 603 Loucks Ave

City State Zip Code  
 Scottsdale PA 15683-1523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 12 / 2015

**Transaction ID : C2938794**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **c. Jay L Geiser DC**

Mailing Address 8640 Reading Rd

City State Zip Code  
 Cincinnati OH 45215-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938730**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Karen A Genter DC**

Mailing Address 10900 Menaul Blvd Ne, Suite A

City State Zip Code  
 Albuquerque NM 87112-2453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938734

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Paul Giambo DC**

Mailing Address 459 S Wellwood Ave

City State Zip Code  
 Lindenhurst NY 11757-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938729

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. David L Gilbertson DC**

Mailing Address 16212 Bothell Everett Hwy Ste E

City State Zip Code  
 Mill Creek WA 98012-1235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

01 / 05 / 2015

Transaction ID : C2938813

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel C Gleason DC**

Mailing Address 19084 N Fruitport Rd

City

Spring Lake

State

MI

Zip Code

49456-1163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938679

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Robert J Gruenenfelder DC**

Mailing Address 711 New Highway 68 Ste A

City

Sweetwater

State

TN

Zip Code

37874-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938731

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Gary M Guest Dc Guest**

Mailing Address 2304 North 7th Avenue, Suite E

City

Bozeman

State

MT

Zip Code

59715-2571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

40.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938698

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen G Guild DC**

Mailing Address 84 Hayes Rd

City

Laconia

State

NH

Zip Code

03246-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 14 / 2015

**Transaction ID : C2938783**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Richard W Haas Dc Dabco Haas**

Mailing Address 1403 South Federal Avenue

City

Mason City

State

IA

Zip Code

50401-5727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 12 / 2015

**Transaction ID : C2938814**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Laron L Hardy DC**

Mailing Address 2699 Sandlin Rd Sw Ste A-3

City

Decatur

State

AL

Zip Code

35601-7343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938732**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis A Harris DC**

Mailing Address Po Box 8038

City

Fort Worth

State

TX

Zip Code

76124-0038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938743**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ryan Hatch DC**

Mailing Address 10841 S Crossroads Dr. Unit 9

City

Parker

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938774**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Kurt W Hediger DC**

Mailing Address P.o. Box 872091

City

Wasilla

State

AK

Zip Code

99687-2091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938717**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter L.C. Hicks DC**

Mailing Address 1831 South 3rd St W

City

Missoula

State

MT

Zip Code

59801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938758**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Randy R Hinze DC**

Mailing Address 2421 23rd St

City

Columbus

State

NE

Zip Code

68601-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

62.50

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938750**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**c. Linda Hite DC**

Mailing Address PO Box 3515

City

Gallup

State

NM

Zip Code

87305-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938675**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Darren S Hollander DC**

Mailing Address 500 N Mills Ave

City State Zip Code  
Orlando FL 32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938671

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Frederick E Hult Dc Ccsp Hult**

Mailing Address 306 North Front Street

City State Zip Code  
McHenry IL 60050-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938718

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

**c. Thomas K Hyland Hyland Robertson DC**

Mailing Address 1202 Annapolis Rd, 2nd Floor  
Suite I

City State Zip Code  
Odenton MD 21113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938707

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

555.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Philip B Ingram DC**

Mailing Address 70 Burch Dr

City

Martinsville

State

VA

Zip Code

24112-0632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	5

**Transaction ID : C2938803**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Casey J Iverson DC**

Mailing Address PO Box 2371

City

Grand Island

State

NE

Zip Code

68802-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

**Transaction ID : C2938756**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Michael A James DC**

Mailing Address 4414 22nd St NW

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	5

**Transaction ID : C2938673**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Quinn J James DC**

Mailing Address 4249 N St. Peters Pkwy Ste A

City State Zip Code  
 St. Peters MO 63304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938771**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Tobi Jeurink Dc Jeurink**

Mailing Address 325 East Main Street, Suite C

City State Zip Code  
 Gardner KS 66030-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938768**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Jeffrey C Kalins DC**

Mailing Address 8501 Highway 85

City State Zip Code  
 Riverdale GA 30274-4183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 19 / 2015

**Transaction ID : C2938799**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

### A. Mark G Kimble DC

Mailing Address 518 North Ave

City State Zip Code  
Rock Hill SC 29732-3050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 18 / 2015

Transaction ID : C2938810

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

### B. Peggy Kiser-Crouch DC

Mailing Address 308 Patrick Street Plaza

City State Zip Code  
Charleston WV 25387-2439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

Transaction ID : C2938806

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

### C. Audie George Klingler DC

Mailing Address 203 Greene St

City State Zip Code  
Cumberland MD 21502-2877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

Transaction ID : C2938766

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stuart C Kordonowy DC**

Mailing Address 473 Hendersonville Road, Suite C

City State Zip Code  
 Asheville NC 28803-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 23 / 2015

Transaction ID : C2938695

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Patrick A Lalama DC**

Mailing Address 134 Westchester Dr Ste 4

City State Zip Code  
 Austintown OH 44515-3963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938702

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Joseph T Lane DC**

Mailing Address 604 East Lockwood Avenue

City State Zip Code  
 Webster Groves MO 63119-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 22 / 2015

Transaction ID : C2938725

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy B Leasenby DC**

Mailing Address 3831 Mccoy Dr, Ste 101

City

Aurora

State

IL

Zip Code

60504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938715**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Brandon R Lemuel DC**

Mailing Address 301 Maple Ave W Ste 515

City

Vienna

State

VA

Zip Code

22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938770**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Ernesto Lombardi DC**

Mailing Address 811 N. Broadway Ste 205

City

White Plains

State

NY

Zip Code

10603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938676**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Michael MacLeod**

Mailing Address 327 W Apple St

City

Hastings

State

MI

Zip Code

49058-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 14 / 2015

Transaction ID : C2938782

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lance Malmstrom**

Mailing Address 1520 SW Topeka Blvd

City

Topeka

State

KS

Zip Code

66612-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

Transaction ID : C2938716

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mario M. Maretta DC**

Mailing Address 9120 Ogden Ave

City

Brookfield

State

IL

Zip Code

60513-1973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 11 / 2015

Transaction ID : C2938802

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lawrence Marrich DC**

Mailing Address 3401 Carlisle Blvd NE

City State Zip Code  
 Albuquerque NM 87110-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938769**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. James D Martin Dc Martin**

Mailing Address 400 North Main Street

City State Zip Code  
 Wasilla AK 99654-7018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938712**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Michael J Masters DC**

Mailing Address 1010 South King Street, Suite 213

City State Zip Code  
 Honolulu HI 96814-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938744**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James M McKivigan DC**

Mailing Address 5687 Golden Leaf Ave

City

Las Vegas

State

NV

Zip Code

89122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 10 / 2015

**Transaction ID : C2938815**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Stephen Paul Mellor DC**

Mailing Address 33 Madison Professional Park

City

Rexburg

State

ID

Zip Code

83440-2047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

01 / 14 / 2015

**Transaction ID : C2938790**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth R Moos**

Mailing Address 8218 Penn Ave S.

City

Bloomington

State

MN

Zip Code

55431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938775**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adam B Moyer DC**

Mailing Address P.o. Box 1859

City State Zip Code  
 Salisbury MD 21802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 16 / 2015

**Transaction ID : C2938683**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Alice Bankhart Moyer DC**

Mailing Address 197 Main St  
 Po Box 114

City State Zip Code  
 East Smithfield PA 18817-0114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938739**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Rich J Murack DC**

Mailing Address 320 1st Ave SW

City State Zip Code  
 Conrad MT 59425-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938817**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James R Newcomb Dc Newcomb**

Mailing Address 400 North Main Street, Ste 1

City

Broken Arrow

State

OK

Zip Code

74012-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 10 / 2015

Transaction ID : C2938786

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Craig A Newman Dc Newman**

Mailing Address 3305 W Kennedy Blvd

City

Tampa

State

FL

Zip Code

33609-2903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938753

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey B Nowicki DC**

Mailing Address 2211 E Lincoln Ave

City

Anaheim

State

CA

Zip Code

92806-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938796

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Henry Louis Oberstead Obersteadt**

Mailing Address 4515 Harding Road  
Suite 110

City Nashville State TN Zip Code 37205-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938714

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Osborne DC**

Mailing Address 1334 N Whitman Ln Ste 100

City Liberty Lake State WA Zip Code 99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938754

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Irene L Parent DC**

Mailing Address 1117 Arthur Ave

City Racine State WI Zip Code 53405-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938765

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Parham**

Mailing Address 3754 Delgado Ct

City State Zip Code  
 Campbell CA 95008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Student

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938778**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. J. Patterson DC**

Mailing Address 1304 Macon Rd

City State Zip Code  
 Perry GA 31069-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938711**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Kelli K Pearson Dc Pearson**

Mailing Address 1410 N Mullan Rd Ste 200

City State Zip Code  
 Spokane Valley WA 99206-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938762**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas S Perrault Sr DC**

Mailing Address 76 Woodland Street

City  
Methuen

State  
MA

Zip Code  
01844-4239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938719**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Brent Peterson**

Mailing Address 1515 N 400 E, Suite 106

City  
Logan

State  
UT

Zip Code  
84341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

01 / 23 / 2015

**Transaction ID : C2938787**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Douglas G Pfeiffer DC**

Mailing Address 1543 Layfield Rd

City  
Pennsburg

State  
PA

Zip Code  
18073-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2015

**Transaction ID : C2938795**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

470.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael J Plaxco DC**

Mailing Address 814 2nd St

City

Muscle Shoals

State

AL

Zip Code

35661-1666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2015

Transaction ID : C2938789

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffry V Popham DC**

Mailing Address PO Box 37

929 Loop 332

City

Liberty Hill

State

TX

Zip Code

78642-0037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 08 / 2015

Transaction ID : C2938808

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Teri A Prince DC**

Mailing Address 108 N 7th St

City

Murray

State

KY

Zip Code

42071-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938684

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Raker DC**

Mailing Address 1414 Arkansas Blvd

City

Texarkana

State

AR

Zip Code

71854-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938809**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. William L Reilly DC**

Mailing Address 727 E Lincoln Ave

City

Myerstown

State

PA

Zip Code

17067-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938740**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. William A Richards DC**

Mailing Address 201 Jordan Lane NW

City

Huntsville

State

AL

Zip Code

35805-2619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 12 / 2015

**Transaction ID : C2938800**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jaime J Rivera DC**

Mailing Address 814 E Harrison Ave

City State Zip Code  
Harlingen TX 78550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938763**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Victor J Rizzo DC**

Mailing Address 502 Logan Blvd

City State Zip Code  
Altoona PA 16602-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 14 / 2015

**Transaction ID : C2938818**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Darren C Roemhildt DC**

Mailing Address 211 W Bridge St

City State Zip Code  
Owatonna MN 55060-2919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938704**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amy Rumbaugh-Durr DC**

Mailing Address 2619 South Drive

City

Abbeville

State

LA

Zip Code

70510-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938788**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Mary C Rutkowski Dc Rutkowski**

Mailing Address 5419 Route 309

City

Center Valley

State

PA

Zip Code

18034-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 18 / 2015

**Transaction ID : C2938780**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Laverne A Saboe Jr Dc D Saboe**

Mailing Address 915 19th Ave Se

City

Albany

State

OR

Zip Code

97322-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938748**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dazzle B Shrestha DC**

Mailing Address 3117 Handley Dr

City

Fort Worth

State

TX

Zip Code

76112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938686

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Nathan Sikora DC**

Mailing Address 4414 22nd St Nw

City

Canton

State

OH

Zip Code

44708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938672

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Sammy L Smith DC**

Mailing Address 1401 E Rusk St

City

Jacksonville

State

TX

Zip Code

75766-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938737

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

40.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott H Smith Dc Smith**

Mailing Address 1823 65th Ave Ste 3

City

Greeley

State

CO

Zip Code

80634-7943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 22 / 2015

Transaction ID : C2938687

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Stanley M Sonn DC**

Mailing Address 292 Birch Lane

City

Irvington

State

NY

Zip Code

10533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 10 / 2015

Transaction ID : C2938816

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Brandt L Spies DC**

Mailing Address 212 Gulf Fwy. S.  
Suite G1

City

League City

State

TX

Zip Code

77573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938733

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael A Stirpe Dc Stirpe**

Mailing Address 1628 West Genesee Street

City State Zip Code  
 Syracuse NY 13204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 05 / 2015

Transaction ID : C2938726

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Fred L Stoner Dc Stoner**

Mailing Address 1228 Triumph Court

City State Zip Code  
 Las Vegas NV 89117-7121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2015

Transaction ID : C2938781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Thomas S Sullivan DC**

Mailing Address 1377 Dorchester Ave, 2FL

City State Zip Code  
 Boston MA 02122-2950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938752

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Timothy A Swank Dc Swank**

Mailing Address 3731 Nw Cary Parkway, Suite 101

City State Zip Code  
Cary NC 27513-8436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 06 / 2015

**Transaction ID : C2938713**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bruce Thompson DC**

Mailing Address PO Box 2864

City State Zip Code  
Muscle Shoals AL 35662-2864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938680**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Bruce Thompson DC**

Mailing Address PO Box 2864

City State Zip Code  
Muscle Shoals AL 35662-2864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938681**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Randy Trice**

Mailing Address 6227 N Ridge Rd

City State Zip Code  
 Madison OH 44057-2570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2015

**Transaction ID : C2938688**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Renald Trottier**

Mailing Address 33 N Dearborn St Ste 2323

City State Zip Code  
 Chicago IL 60602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2015

**Transaction ID : C2938791**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Casey Tucker**

Mailing Address 255 Farmers Lane

City State Zip Code  
 Santa Rosa CA 95405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2015

**Transaction ID : C2938777**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ronald J Vargo DC**

Mailing Address 2424 Whipple Avenue NW

City State Zip Code  
 Canton OH 44708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 08 / 2015

**Transaction ID : C2938742**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Matthew Vinson DC**

Mailing Address 1305 N Willow Ave Ste 160

City State Zip Code  
 Clovis CA 93619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

**Transaction ID : C2938773**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Andrew Wasserman Dc Wasserman**

Mailing Address 10394 W Sample Rd

City State Zip Code  
 Coral Springs FL 33065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 20 / 2015

**Transaction ID : C2938723**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce A Weary DC**

Mailing Address 957 Black Dr Ste A

City

Prescott

State

AZ

Zip Code

86305-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938697

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Dianna S. Welty DC**

Mailing Address PO Box 43

City

Clay City

State

IL

Zip Code

62824-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938722

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. John M Wertin DC**

Mailing Address 830 Poyntz Avenue

City

Manhattan

State

KS

Zip Code

66502-6055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938728

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Troy Wilson DC**

Mailing Address 321 N Burlington Ave

City

Hastings

State

NE

Zip Code

68901-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938764

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Gary D Wines**

Mailing Address 1074 Beaumont Ave

City

Beaumont

State

CA

Zip Code

92223-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938690

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. H Wolfson DC**

Mailing Address 131 Parkway Drive North

City

Commack

State

NY

Zip Code

11725-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938767

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bradley M Woodle Dc Woodle**

Mailing Address 12643 Metcalf Ave

City

Overland Park

State

KS

Zip Code

66213-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938706

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Craig V Wright DC**

Mailing Address 4345 West 6th St

City

Lawrence

State

KS

Zip Code

66049-3692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 08 / 2015

Transaction ID : C2938804

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Zachary C Young DC**

Mailing Address Po Box 895

City

Kalaheo

State

HI

Zip Code

96741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

01 / 13 / 2015

Transaction ID : C2938694

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

12715.50

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

American Chiropractic Association Political Action Committee

### A. CARLOS CURBELO CONGRESS

Date of Disbursement

Transaction ID : D164469

Amount of Each Disbursement this Period

Category/  
Type

Rep. Carlos Curbelo

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

State: FL District: 26

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

1000.00